

Name  
in  
Full

CERTIFICATE OF DEATH

Minnie L Aekwith

Town

County

MARYLAND

Died at

Salisbury

Date

1905 Oct

Month

Day

29

Age

Years

22

Months

11

Days

Sex

Female

Color or  
Race

Black

Birth-  
place

Md

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Little - Burling

Father's  
Birthplace

Md

Mother's  
Maiden Name

Florence Aekwith

Mother's  
Birthplace

Md

Name of person giving  
In formation

Lena Brown

How related  
to deceased

Sunt

CAUSES OF DEATH

Primary

General Peritonitis

How long

10 days

Immediate

Colloidal

How long

Few hours

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Louis W. Morris M.D.

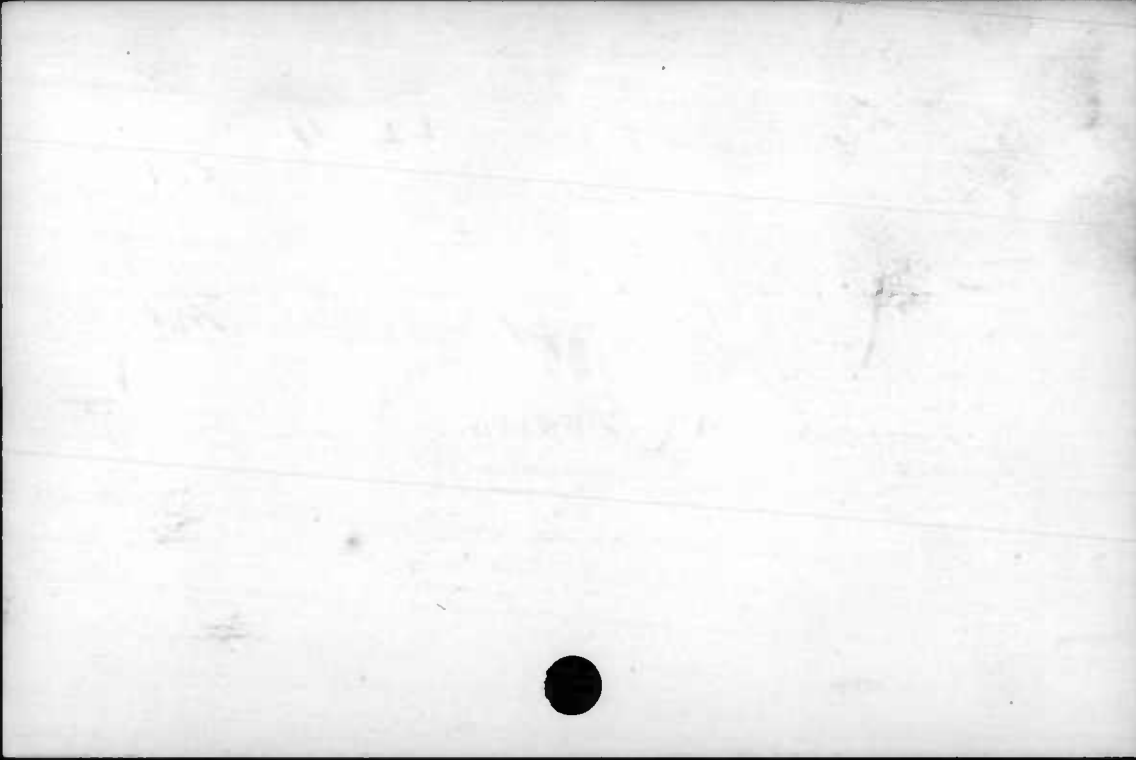
Address

Salisbury Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Anna M. Bethards

## CERTIFICATE OF DEATH

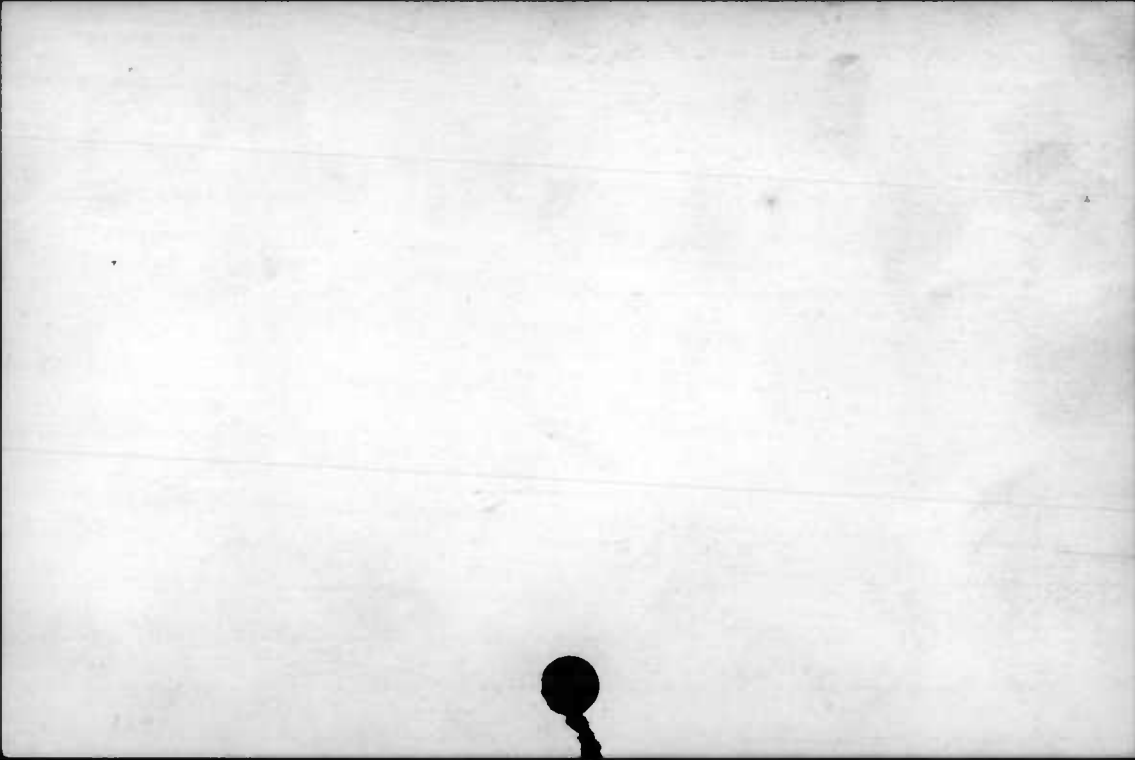
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Hebron		County Winchester		MARYLAND	
Date of death		1905	Month Oct	Day 24	Age 65	Years 8	Days 20
Sex Female		Color or Race white		Birth- place —			
Occupation Housewife		Where Residing if not at place of death Hebron					
Married, <del>Single</del>		Name of Wife or Husband J. A. Bethards					
Father's Name — B. Roades		Father's Birthplace —					
Mother's Maiden Name — S. Roades		Mother's Birthplace —					
Name of person giving In formation Loren D. Bethards		How related to deceased Son					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Heart trouble	How long	20 years
Immediate	Nephritis	How long	6 months
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician H. C. Conaway	
Filed 1905		Address Hebron Md.	
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

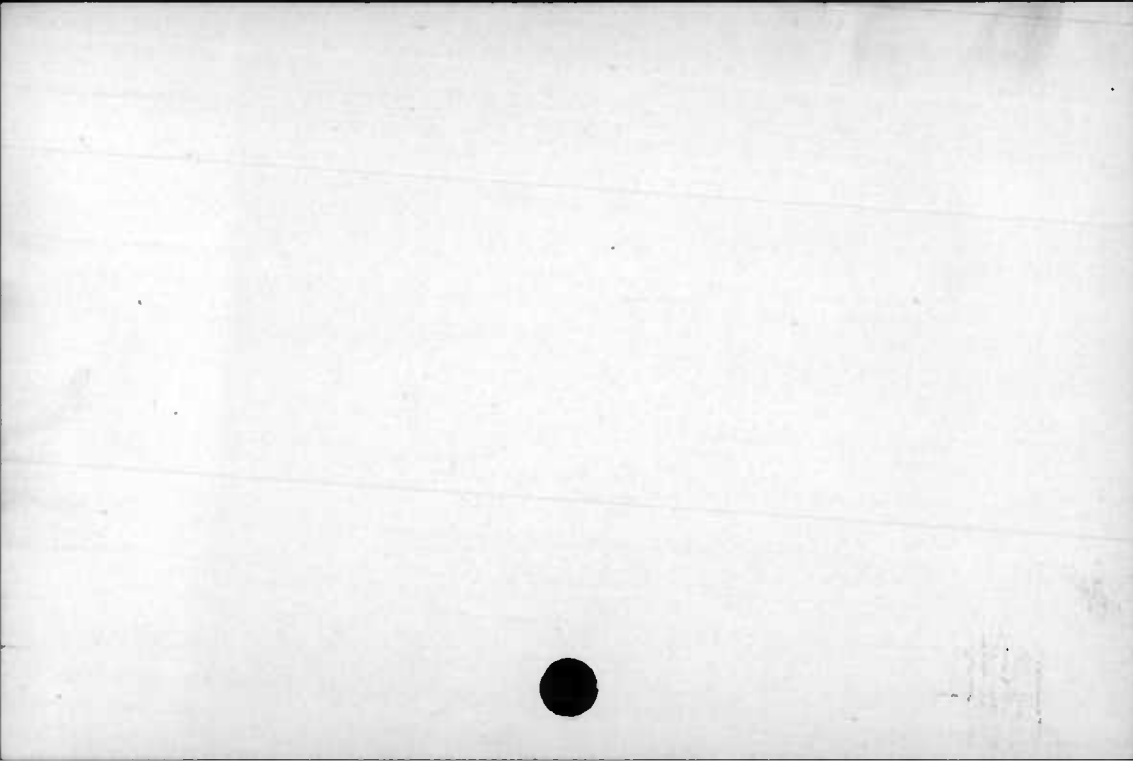
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Jacob Burris</i>		County <i>Wicomico</i>		MARYLAND	
Died at <i>Salisbury</i>		Town <i>Salisbury</i>		Days	
Date of death <i>1905</i>		Month <i>Oct.</i>		Age <i>about 65</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth- place <i>Somerset Co. Md.</i>	
Occupation <i>Laborer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Isaac Burris</i>		Father's Birthplace			
Mother's Maiden Name <i>Tamar</i>		Mother's Birthplace			
Name of person giving In formation <i>Samuel Gumbey</i>		How related to deceased <i>None</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>He was a weak minded person also lame and</i>		How long	
Immediate <i>it is supposed he fell over in the dock at night</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Geo. E. Hill</i>	
where he was found on		Address <i>Undertaker</i>	
Accident or Suicide? <i>Oct. 29th one week after he was missed Salisbury Md.</i>			



Name  
in  
Full

## CERTIFICATE OF DEATH

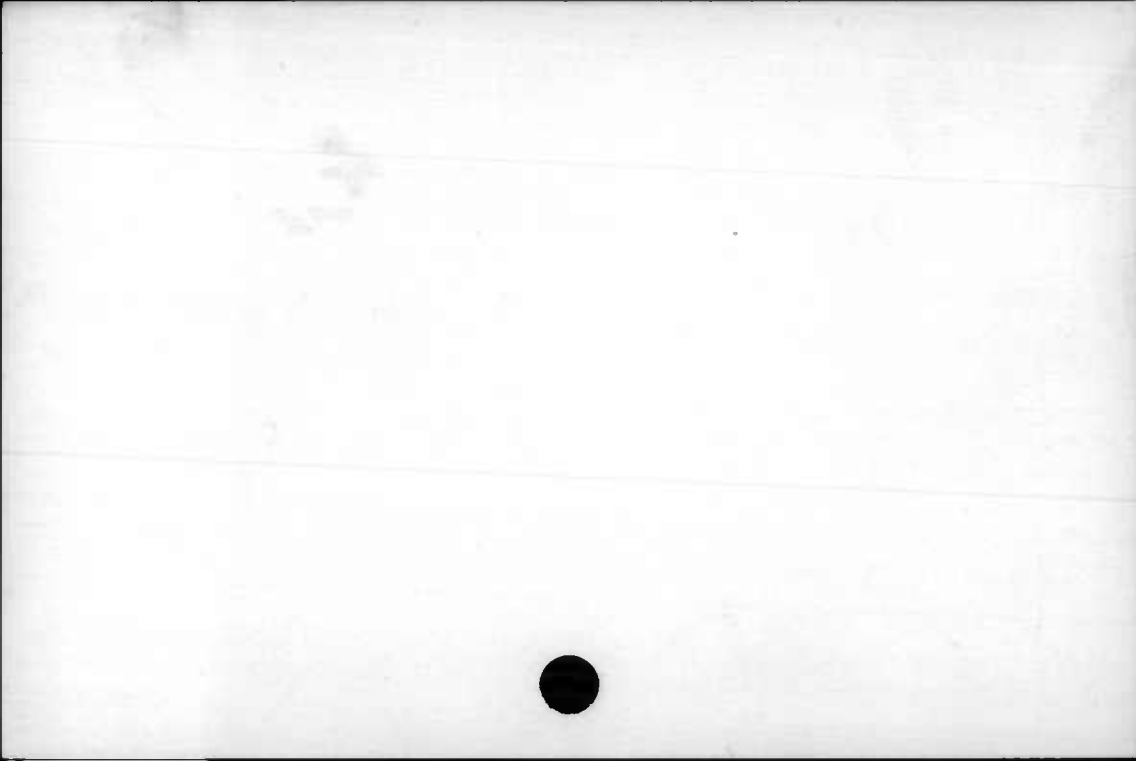
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Ebenezer L Wisharoon</b>		Town <b>Salisbury</b>		County <b>Wicomico</b>		MARYLAND	
Died at <b>Salisbury</b>		Month <b>Oct</b>		Day <b>3</b>		Years <b>68</b>	
Date of death <b>1905</b>		Month <b>Oct</b>		Day <b>3</b>		Age <b>68</b>	
Sex <b>male</b>		Color or Race <b>White</b>		Birth-place <b>MD</b>		Months <b>4</b>	
Occupation <b>Carpenter</b>		Where Residing if not at place of death		Days <b>15</b>			
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband					
Father's Name <b>Ebenezer Wisharoon</b>		Father's Birthplace <b>MD</b>					
Mother's Maiden Name <b>Charlotte W Cullen</b>		Mother's Birthplace <b>MD</b>					
Name of person giving information <b>Martha W Berckley</b>		How related to deceased <b>Sister</b>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Arterio-sclerosis -</b>	How long <b>4</b>
Immediate <b>Cerebral thrombosis</b>	How long <b>Few hours</b>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <b>Louis W. Geronis, M.D.</b>
	Address <b>Salisbury, Md.</b>
Accident or Suicide?	





Name  
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## CERTIFICATE OF DEATH

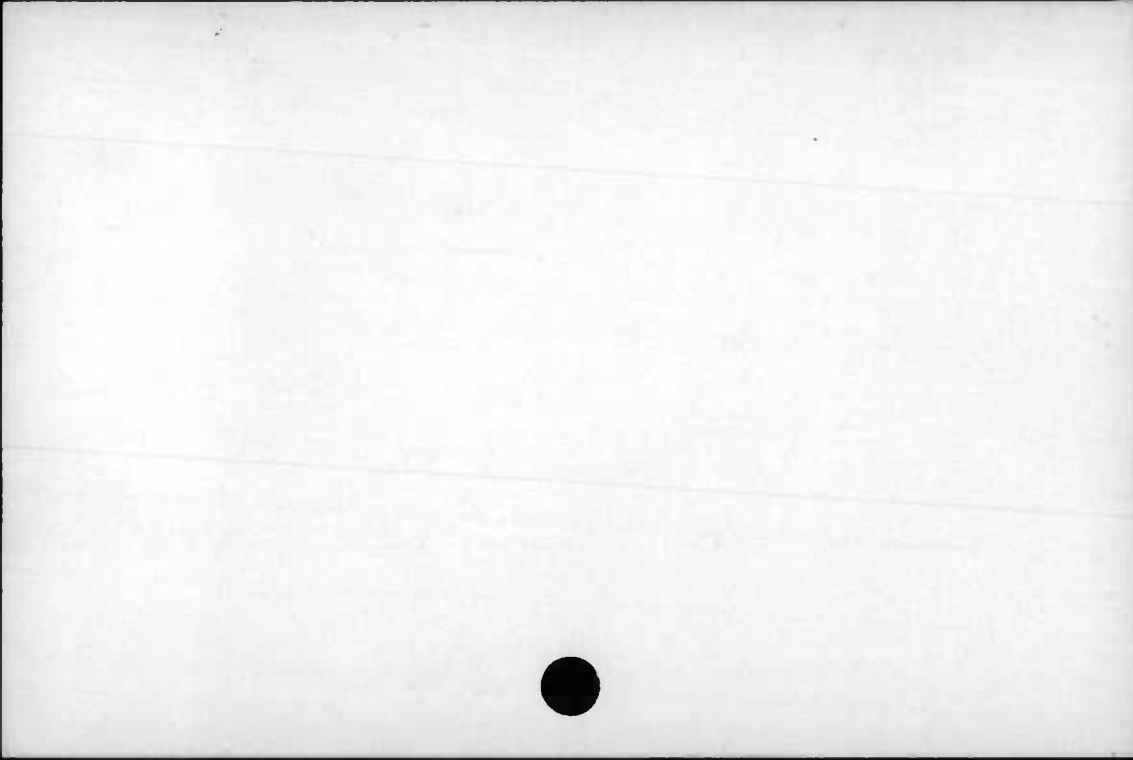
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Alton J. Dykes</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Died at <i>Salisbury</i>		Month <i>Oct</i>		Day <i>11th</i>		Years <i>3</i>	
Date of death <i>1905</i>		Month <i>Oct</i>		Day <i>11th</i>		Age <i>29</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Salisbury Md.</i>			
Occupation <i>~~~~~</i>		Where Residing if not at place of death <i>~~~~~</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>~~~~~</i>					
Father's Name <i>Stansbury W. Dykes</i>		Father's Birthplace <i>Wicomico Co. Md.</i>					
Mother's Maiden Name <i>Elvina Brown</i>		Mother's Birthplace <i>Worcester " "</i>					
Name of person giving Information <i>Stansbury W. Dykes</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>The Baby was very feeble from birth</i>	How long <i>11th</i>
Immediate <i>They had no Doctor to see him</i>	How long <i>~~~~~</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of <i>Geo. E. Hill</i>
	Address <i>Undertaker Salisbury Md.</i>
Accident or Suicide? <i>~~~~~</i>	



Name

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Full

## CERTIFICATE OF DEATH

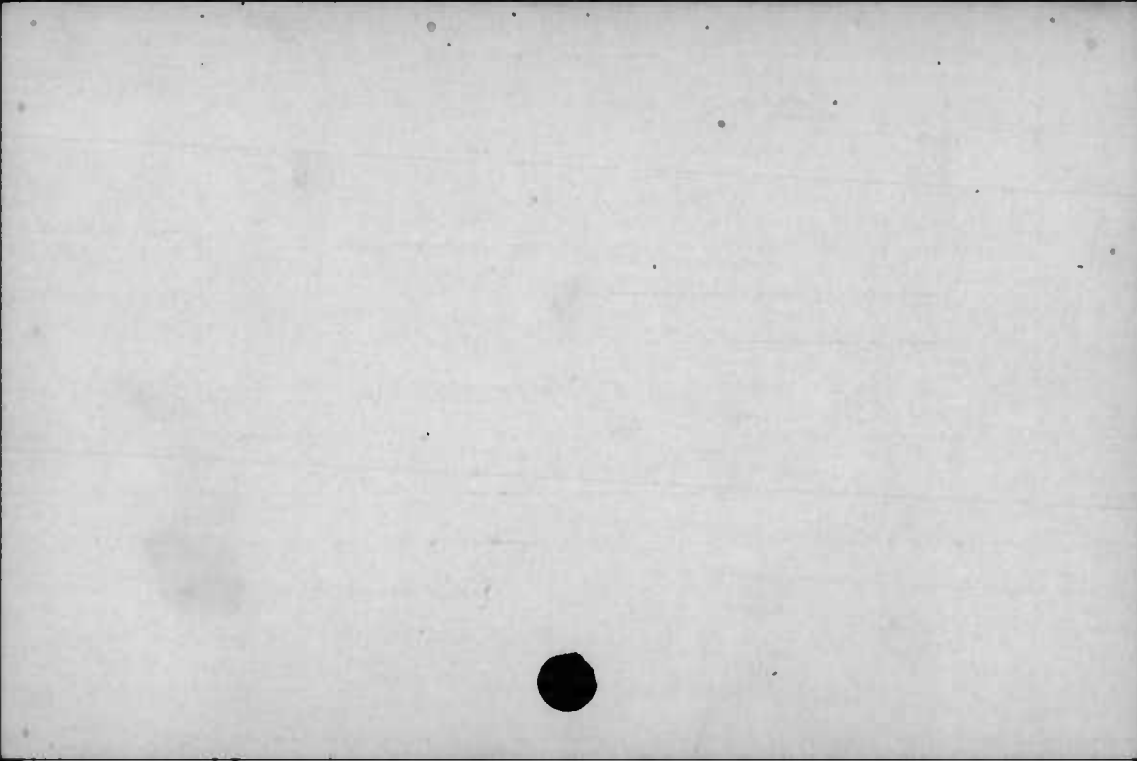
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death	1901	Month	10	Day	14	Age	Years
Sex		Female		Color or Race		Black	
Occupation				Birth-place		Habron	
Married, Single or Widowed				Name of Wife or Husband			
Single							
Father's Name				Father's Birthplace			
Sam Emess				Md			
Mother's Maiden Name				Mother's Birthplace			
Sarah Johnson				Md			
Name of person giving information				How related to deceased			
Father							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Dysentery	How long	2 weeks
Immediate	Hemorrhage	How long	15 min
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Address	
A. Z. Leubner		Mardela Md	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

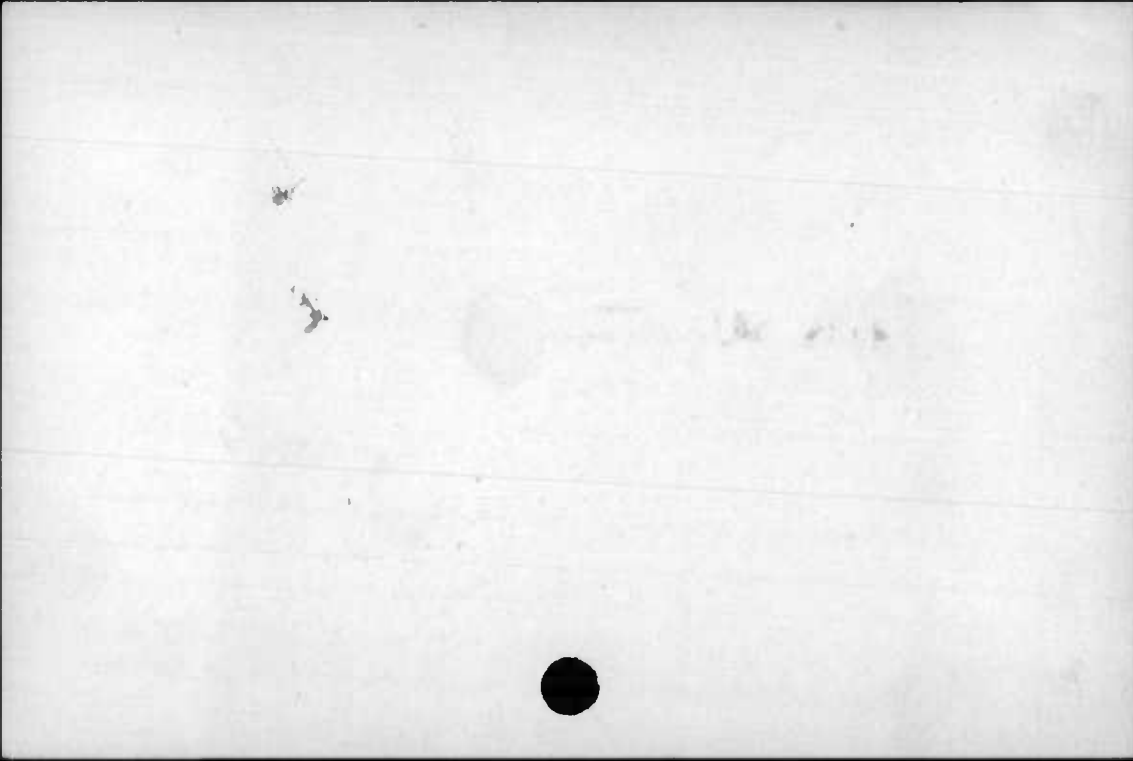
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		Oct	24	65		7	
Sex	Female	Color or Race	White		Birth-place	Worcester Co. Md.	
Occupation	Housekeeper		Where Residing if not at place of death				
Married, Single or Widowed	Widow		Name of Wife or Husband				
				W. L. Evans			
Father's Name	Jesse Hickman					Father's Birthplace	11
Mother's Maiden Name	Sabre Hickman					Mother's Birthplace	11
Name of person giving information	Jas. F. Gordy					How related to deceased	Son in law

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Bright's Heart Disease	How long	about 7 years
Immediate	Heart Disease	How long	Shot 7 min
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr. M. Todd
		Address	Salisbury Md
Accident or Suicide?			



Name  
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Infant Elijah G Hastings

## CERTIFICATE OF DEATH

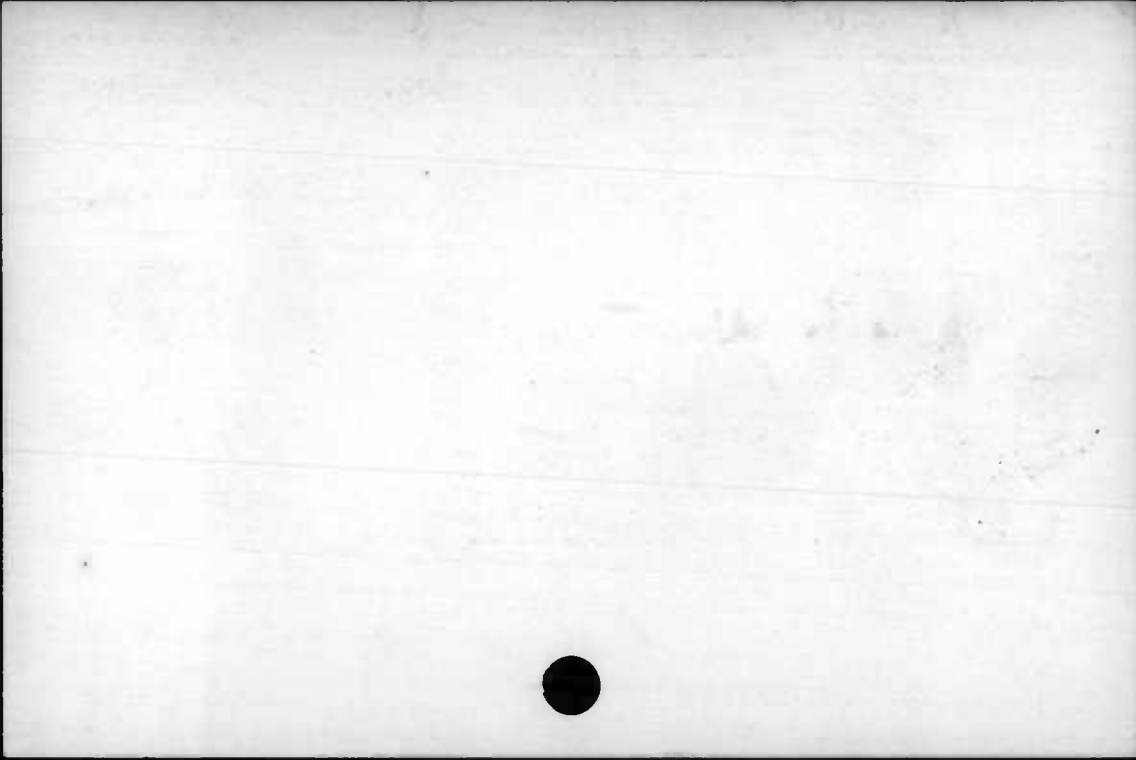
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Salisbury</u> <small>Town</small>		<u>Wisconsin</u> <small>County</small>		MARYLAND	
Date of death <u>1905</u>	<u>Oct</u> <small>Month</small>	<u>16</u> <small>Day</small>	Age <u>          </u> <small>Years</small>	<u>          </u> <small>Months</small>	<u>23</u> <small>Days</small>
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>MD</u>		
Occupation <u>          </u>			Where Residing if not at place of death <u>          </u>		
Married, Single or Widowed <u>          </u>		Name of Wife or Husband <u>          </u>			
Father's Name <u>Enoch Hastings</u>		Father's Birthplace <u>MD</u>			
Mother's Maiden Name <u>Lida E Parker</u>		Mother's Birthplace <u>MD</u>			
Name of person giving information <u>Nancy E Lewis</u>		How related to deceased <u>Grandmother</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Heart</u>	How long <u>1 week</u>
Immediate <u>Convulsions</u>	How long <u>1 day</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W B Holloway M.D.</u>
	Address <u>Salisbury MD</u>
Accident or Suicide? <u>no</u>	<u>Mundtapes</u>





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*La Fayette Parsons Humphreys*

Town *Salisbury* County *Wicomico* MARYLAND

Died at *Salisbury*

Date of death *1905* Month *October* Day *2st* Age *61* Years Months *4* Days *20*

Sex *Male* Color or Race *White* Birth-place *Salisbury, Md.*

Occupation *Bookkeeper* Where Residing if not at place of death *" "*

Married, Single or Widowed *Widower* Name of Wife or Husband *Annie J. Humphreys*

Father's Name *Humphrey Humphreys* Father's Birthplace *Near Salisbury, Md.*

Mother's Maiden Name *Elizabeth Humphreys* Mother's Birthplace *" "*

Name of person giving Information *E. M. Humphreys* How related to deceased *brother*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Tuberculosis peritonitis* How long *14 years, or longer*

Immediate *Exhaustion from intestinal obstruction* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. M. Smith* Address *Salisbury, Md.*

Accident or Suicide? *No*

This case was opened by Prof. Dr.  
Joseph Hearn for exploration. Nothing  
could be done: entire peritonum and  
intestines, and omentum were stuck  
into tubercular nodules —

W. A. D. C.

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Allen</i>		Town <i>Wicomico</i>		County <i>Wicomico</i>		MARYLAND	
Date of death <i>1905</i>		Month <i>Oct.</i>		Day <i>6th</i>		Age <i>74</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Wicomico Co. Md.</i>			
Occupation <i>Housekeeper</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>William Insley</i>					
Father's Name <i>Charles Milling</i>		Father's Birthplace <i>Wicomico Co. Md.</i>					
Mother's Maiden Name <i>Malone</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>W. P. Insley</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Cancer of throat</i>	How long	<i>2 years</i>
Immediate	<i>Asphyxiation &amp; septic failure</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Gardiner Smith</i>	
		Address <i>Salisbury Md.</i>	
Accident or Suicide? <i>No</i>			

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Name  
in  
Full

CERTIFICATE OF DEATH

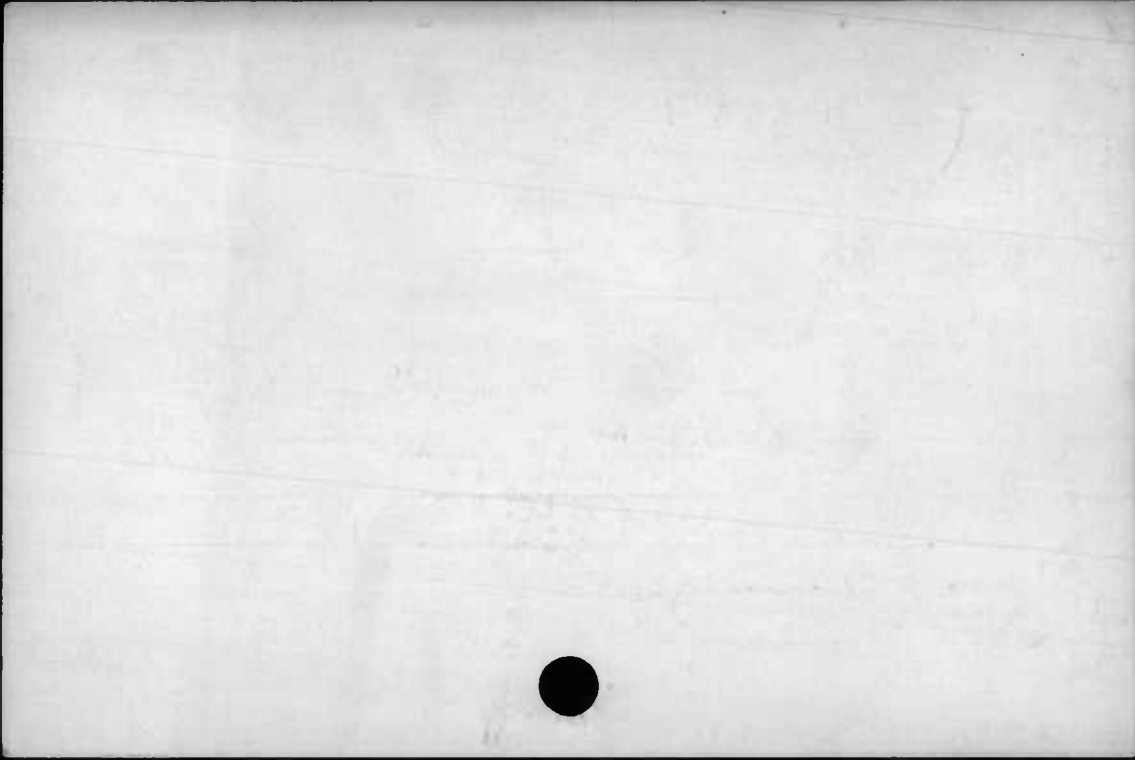
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Fruitland</i> Town <i>Thomson</i> County		MARYLAND	
Date of death <i>1905</i> Month <i>Oct</i> Day <i>16</i> Age <i>77</i> Years Months Days			
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Allen</i>	
Occupation <i>House Wife</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Joshua Jackson</i>		
Father's Name	Father's Birthplace		
Mother's Maiden Name <i>Elizabeth Snelling</i>	Mother's Birthplace <i>Thomson</i>		
Name of person giving information <i>Lizzie Dooley</i>	How related to deceased <i>Aunt</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>acute Bright's</i>	How long <i>4 days</i>
Immediate <i>uræmia</i>	How long <i>immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James M. Smith</i>
Accident or Suicide? <i>no</i>	Address <i>Salisbury Md</i>



Name  
in  
Full

CERTIFICATE OF DEATH

*Ebenezer Garrison*

Town

County

MARYLAND

Died at

*Tyasha*

*Marian*

Date

Month

Day

Years

Months

Days

of death

*1905 - Oct*

*8*

Age

*55*

*4*

Sex

*Male*

Color or  
Race

*White*

Birth-  
place

Occupation

*Mariner*

Where Residing if not  
at place of death

*Tyasha*

Married, ~~Single~~  
or Widowed

Name of Wife or  
~~Husband~~

*Priscilla Garrison*

Father's  
Name

Father's  
Birthplace

Mother's  
Maiden Name

Mother's  
Birthplace

Name of person giving  
Information

How related  
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

*Indigestion*

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

*A. J. L. Lusk*

Address

*Wm. H. Lusk*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name  
in  
Full

William James Secates

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Father's home near* Town *Cameron* County *Wicomico*

MARYLAND

Date of death *1905* Month *Oct* Day *14* Age *27* Months *2* Days *5*

Sex *Man* Color or Race *White* Birth-place *Hebron*

Occupation *Farmer* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Greensbury Secates* Father's Birthplace *Delaware*

Mother's Maiden Name *Laura A. Winder* Mother's Birthplace *Salisbury*

Name of person giving information *Laura A Secates* How related to deceased *Mother*

*Hebron*

CAUSES OF DEATH

Primary *Typhoid fever* How long *Eight weeks*  
Immediate *Asthma* How long *One week*

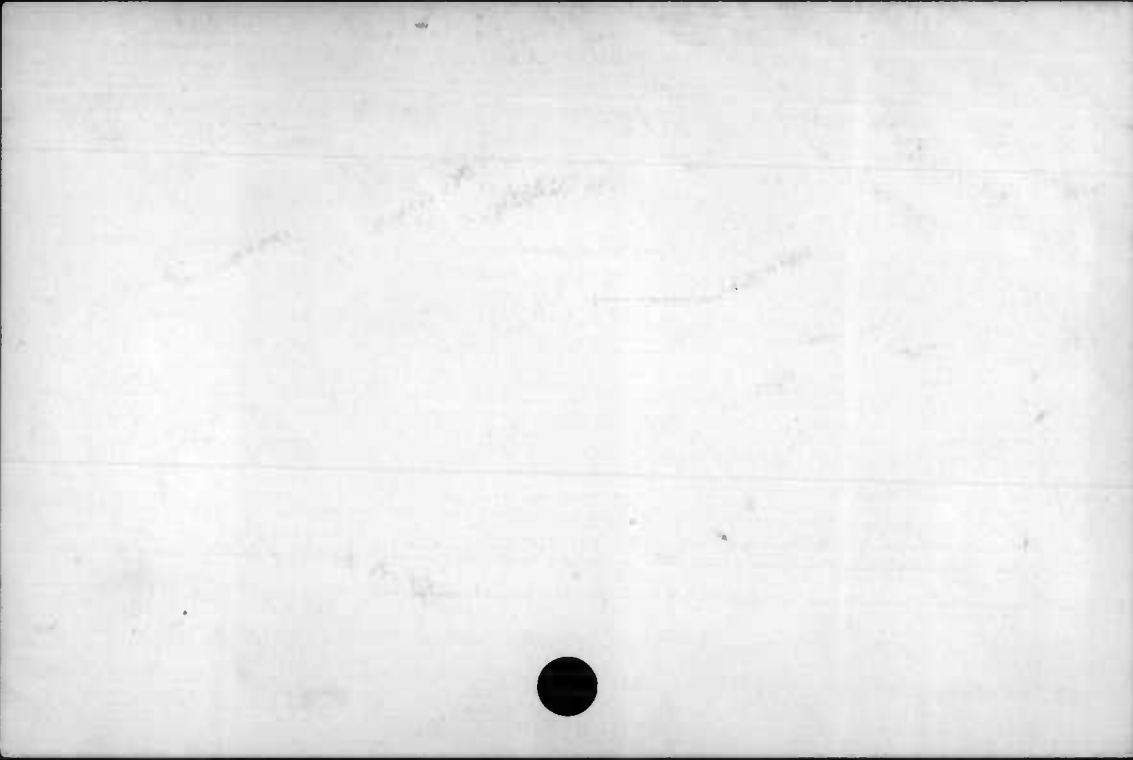
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *H. C. Comaway*

Address

*Hebron  
Md*

Accident or Suicide?



Name  
in  
Full

Unnamed Infant Leonard (1/1/1905)

CERTIFICATE OF DEATH

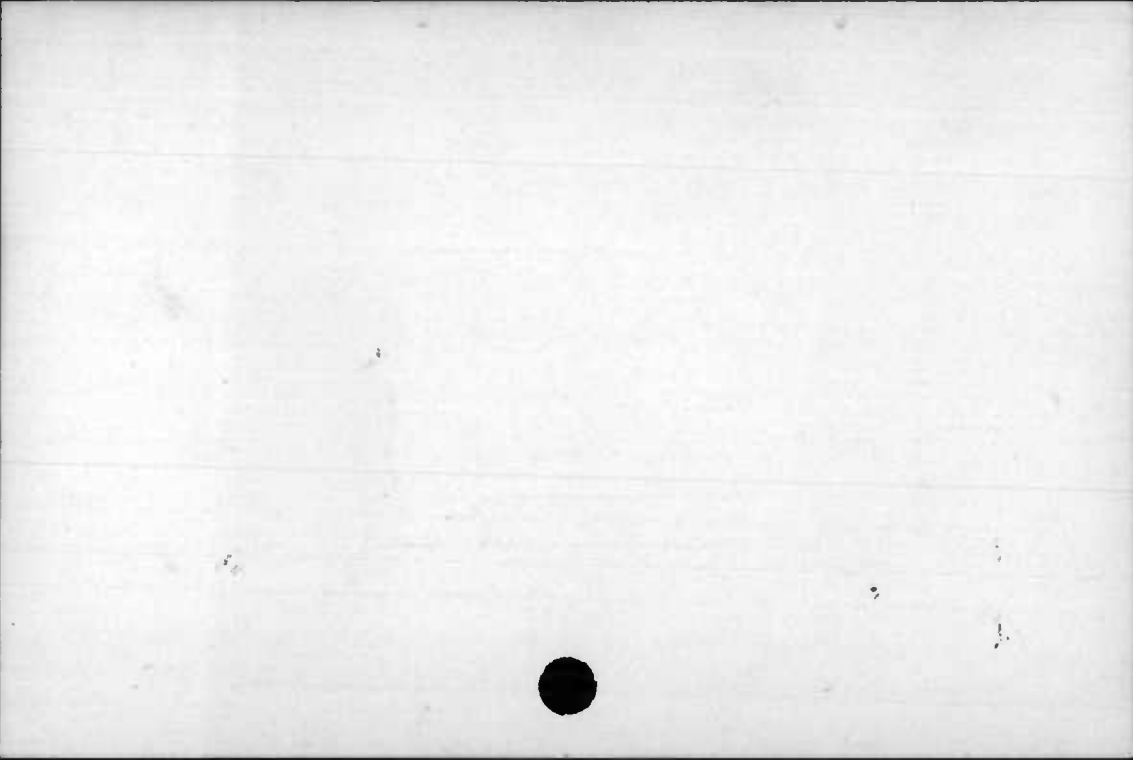
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Salisbury		Wicomico		MARYLAND	
Date of death		1905	Oct	16	Age	1 hour	
Sex		male		Color or Race		white	
Occupation				Birth-place		Salisbury Md	
Where Residing if not at place of death							
Married, Single or Widowed		—		Name of Wife or Husband		—	
Father's Name		Wm. T. Leonard		Father's Birthplace		Md	
Mother's Maiden Name		Mattie Windsor		Mother's Birthplace		Md	
Name of person giving information		Oly		How related to deceased		—	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Premature Birth	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		J. M. Clemons M.D.	
		Address	
		Salisbury Md.	
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>John Malone</i>		Town <i>Siloam</i>		County <i>Wicomico Co.</i>		State <i>MARYLAND</i>	
Died at <i>Siloam</i>		Date of death <i>1901- Oct. 19th</i>		Age <i>65</i>		Months Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Wicomico Co. Md.</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death _____					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Rosana Malone</i>					
Father's Name <i>Alexander Malone</i>		Father's Birthplace <i>Wicomico Co. Md.</i>					
Mother's Maiden Name _____		Mother's Birthplace " "					
Name of person giving information <i>Capt. R. J. Chatham</i>		How related to deceased <i>Cousin</i>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Complicated</i>		How long <i>12 days</i>	
Immediate <i>Complicated</i>		How long _____	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. J. Long</i>	
_____		Address <i>Allen Md.</i>	
Accident or Suicide? <input type="checkbox"/>			



Name  
in  
Full

*Maud E. Nelson*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Rockawalking</i> Town		<i>Wicomico</i> County		MARYLAND		
Date of death	<i>1905</i>	Month <i>Oct.</i>	Day <i>15</i>	Years <i>2</i>	Months <i>3</i>	Days <i>2</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Rockawalking Md.</i>			
Occupation ~~~~~			Where Residing if not at place of death ~~~~~			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband ~~~~~				
Father's Name <i>Asbury Nelson</i>		Father's Birthplace <i>Wicomico Co. Md.</i>				
Mother's Maiden Name <i>Mary E. Handy</i>		Mother's Birthplace " " "				
Name of person giving information <i>Asbury Nelson</i>		How related to deceased <i>Father</i>				

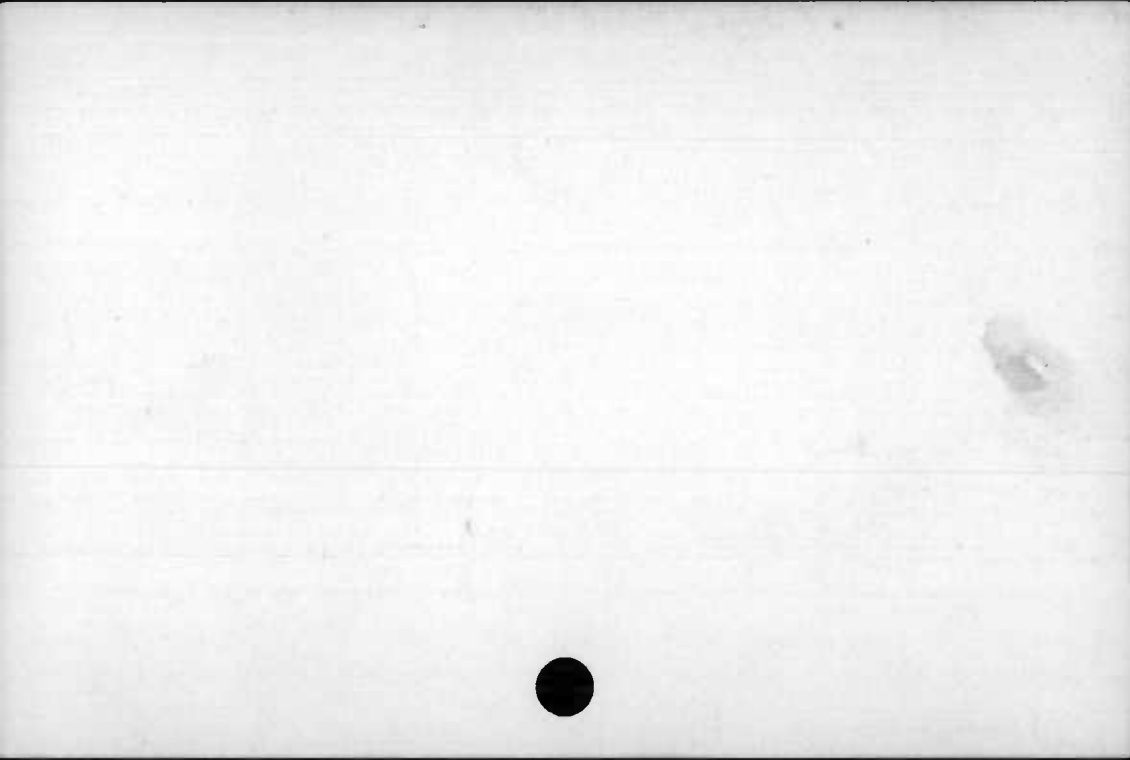
*Rockawalking*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>They had no Doctor</i>
Accident or Suicide?	Address <i>Geo. C. Hill (Undertaker) Salisbury Maryland</i>

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Name  
in  
Full

Pearl P. Peters

## CERTIFICATE OF DEATH

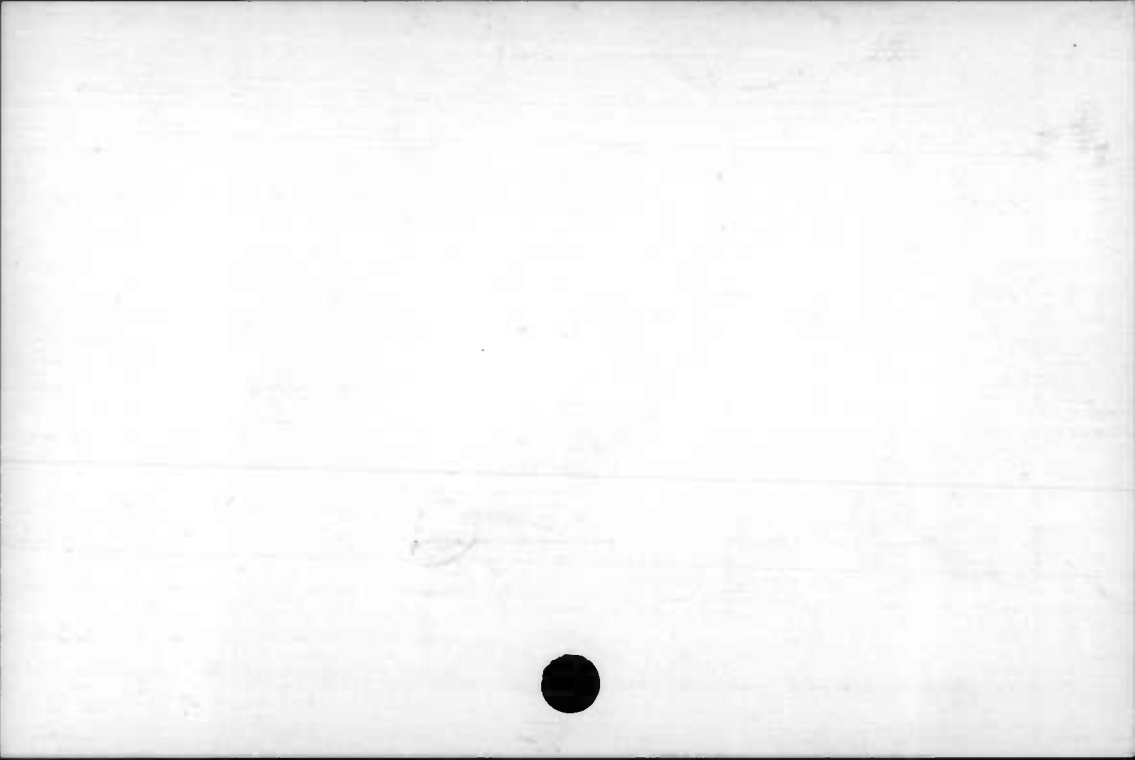
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Allen</u> Town		<u>Mic</u> County		MARYLAND	
Date of death	1905	Month	Oct	Day	23
Age		18		Months	
Sex	Male		Color or Race	Colored	
Occupation	Farming		Birthplace	Allen	
Where Residing if not at place of death					
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			James Peters		
Father's Birthplace			Allen		
Mother's Maiden Name			Pillie Jones		
Mother's Birthplace			N. C. Jones		
Name of person giving information			How related to deceased		
			Mother		

## CAUSES OF DEATH

Primary	<u>Typhoid Fever</u>	How long	
Immediate	<u>Hemorrhage</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<u>J. B. Long</u>	
Address		<u>Allen</u>	
Accident or Suicide?			

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDName *Mary A Pinckett*

MARYLAND

Died at *Salisbury* TownCounty *Wicomico*

Date

of death *1905*Month *Oct*Day *8*Years *33*

Months

Days

Sex *Female*Color or  
Race *Black*Birth-  
place *MD*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or ~~Widowed~~Name of ~~Wife~~  
Husband *Charles H Pinckett*Father's  
Name *James T Morris*Father's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
In formation *Charles H Pinckett*How related  
to deceased *Husband*

## CAUSES OF DEATH

Primary

*abortion at about 6 weeks*

How long

*13 days (over)*

Immediate

*Sepsis*

How long

*5 days*Are the name, age, sex, color, date  
and place correctly given above? *yes*Signature of  
Physician *James A. Pinckett*Address *Salisbury, Md*Accident or Suicide? *✓*

This patient came into Penniman  
General Hospital with fever & severe  
abdominal & uterine pains: admitted  
in Hospital night of entrance &  
had a general septic infection  
which caused death —

J. W. Edick

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

**Baby Porter**

Town **Wasson** County **Winn** MARYLAND

Died at **Wasson**

Date of death **1905** Month **Oct** Day **7** Age **6** Years **6** Months **6** Days

Sex **Male** Color or Race **White** Birth-place **Wasson**

Occupation **Wasson** Where Residing if not at place of death **Wasson**

Married, Single or Widowed **Single** Name of Wife or Husband **Edith Porter**

Father's Name **E. Porter** Father's Birthplace **Wasson**

Mother's Maiden Name **Edith Anderson** Mother's Birthplace **Wasson**

Name of person giving information **Edith Anderson** How related to deceased **Daughter**

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary **Cholera Infantum** How long **6 da**

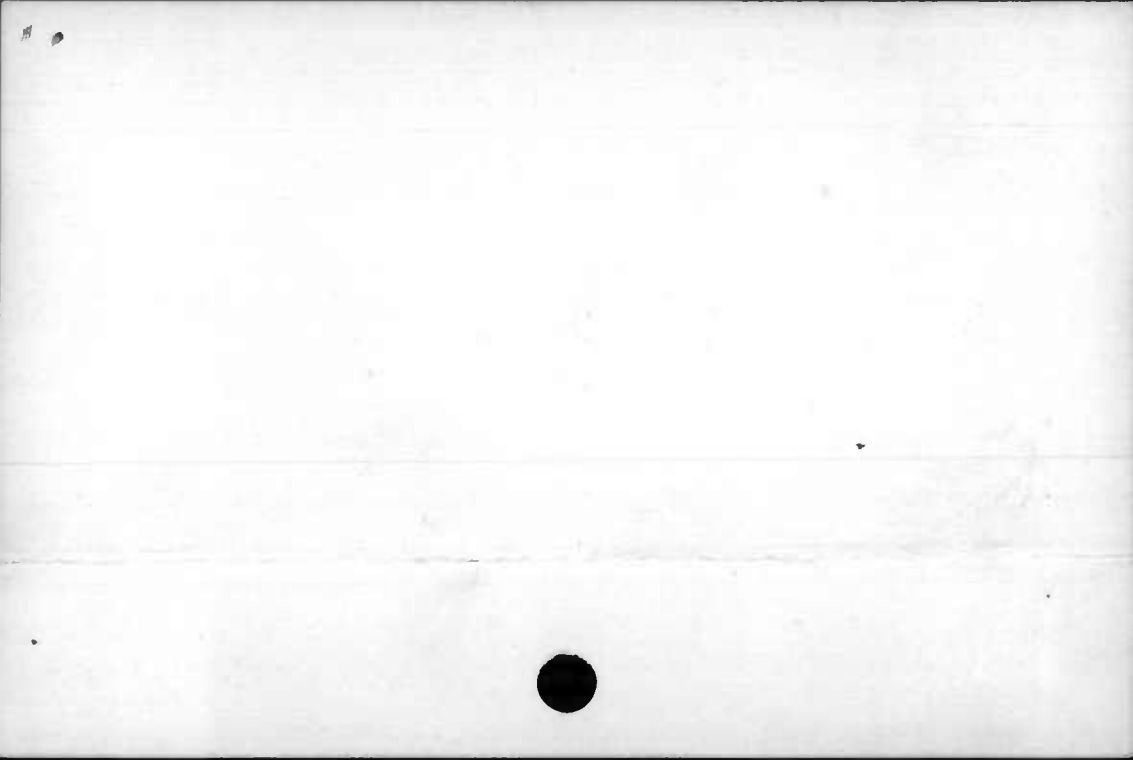
Immediate **Comulsion** How long **20 min**

Are the name, age, sex, color, date and place correctly given above? **Yes**

Signature of Physician **J. R. Bishop M.D.**

Address **Wasson**

Accident or Suicide? **No**



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Salisbury</i> <small>Town</small>		<i>Miamics</i> <small>County</small>		MARYLAND	
Date of death <i>1905</i>	<i>Oct.</i> <small>Month</small>	<i>6</i> <small>Day</small>	<i>81</i> <small>Years</small>	<i>6</i> <small>Months</small>	<i>21</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Lorchester Co Md</i>		
Occupation			Where Residing if not at place of death <input checked="" type="checkbox"/>		
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>M. M. Ruark</i>			
Father's Name <i>Henry Hooper</i>		Father's Birthplace <i>"</i>			
Mother's Maiden Name <i>Elizabeth Wallace</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>Margaret A. Cooper</i>		How related to deceased <i>Son-in-law</i>			

## CAUSES OF DEATH

Primary <i>Acute nephritis</i>	How long <i>1 week</i>
Immediate <i>uræmia</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. J. Smith</i>
	Address <i>Salisbury, Md</i>
Accident or Suicide? <input checked="" type="checkbox"/>	





Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Salisbury</i> Town		<i>Wicomico</i> County		MARYLAND
	Date of death <i>1903</i>	Month <i>Oct</i>	Day <i>10th</i>	Years <i>76</i>	Months <i>7</i> Days
	Sex <i>Male</i>	Color or Race <i>Negro</i>		Birth-place <i>Wicomico Co. Md.</i>	
	Occupation <i>Seaborer</i>	Where Residing if not at place of death			
	Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Caroline Toadvine</i>			
	Father's Name <i>William Dutton</i>	Father's Birthplace <i>Wicomico Co. Md.</i>			
	Mother's Maiden Name <i>Priscilla Toadvine</i>	Mother's Birthplace " " "			
	Name of person giving information <i>Mary E. Toadvine</i>	How related to deceased <i>Daughter</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Arm Stroke followed by Gen. paralysis</i>			How long <i>8 y ears ago</i>	
	Immediate <i>Cerebral hemorrhage</i>			How long <i>Immediate</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>			Signature of Physician <i>J. M. [Signature]</i>	
	Address <i>Salisbury Md</i>				
Accident or Suicide? <i>✓</i>					



Name  
in  
Full

## CERTIFICATE OF DEATH

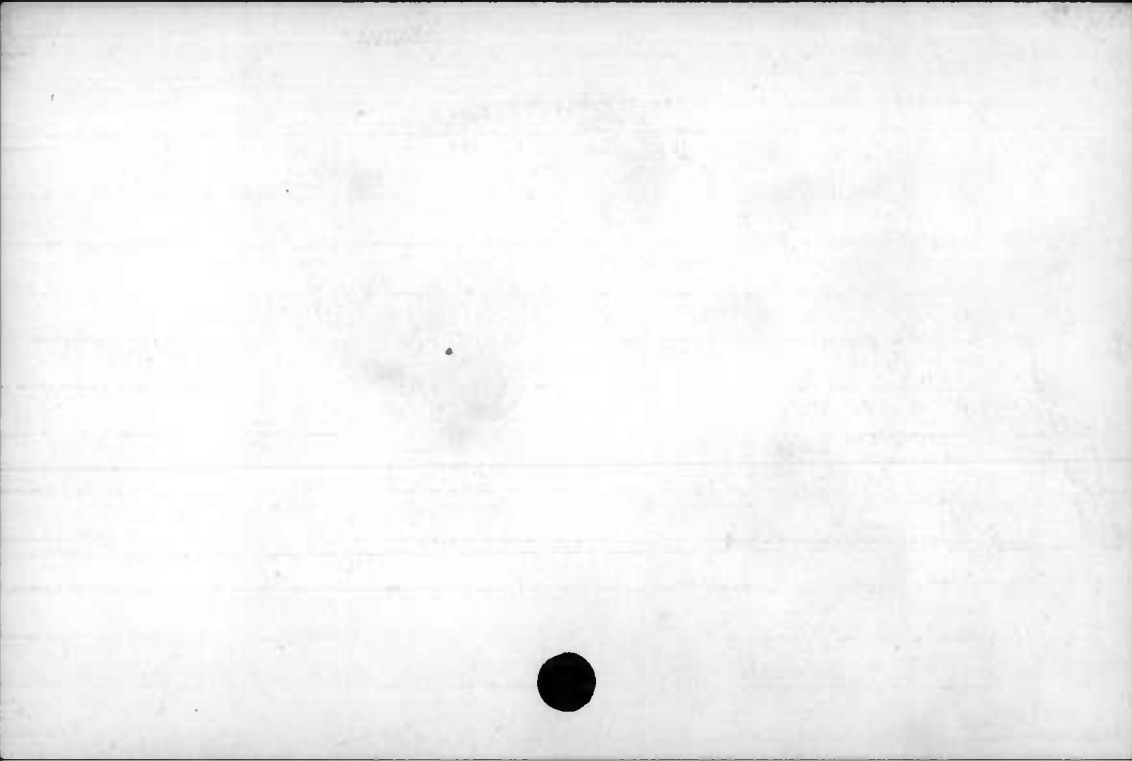
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Salisbury</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Date of death	1905	Month	Oct.	Day	16	Years	1
Sex	<i>male</i>		Color or Race	<i>white</i>		Birth-place	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name	<i>Benjamin B. Truitt</i>					Father's Birthplace	<i>Ind.</i>
Mother's Maiden Name	<i>Annie E. White</i>					Mother's Birthplace	<i>Ind.</i>
Name of person giving information	<i>B. B. Truitt</i>					How related to deceased	<i>Father</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long	
Immediate	<i>Meningitis (Infectious)?</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Samuel W. Deems M.D.</i>
<i>yes</i>		Address	<i>Salisbury Ind.</i>
Accident or Suicide?			



Name

in

Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Attiloo Whp. near</i>		Town <i>Attiloo Whp.</i>		County <i>Attiloo Whp.</i>		MAYLAND	
Date of death <i>1905</i>	Month <i>10</i>	Day <i>5</i>	Years <i>Age about 35</i>	Months	Days		
Sex <i>male</i>	Color or Race <i>Black</i>		Birth-place <i>unknown</i>				
Occupation <i>sailor</i>			Where Residing if not at place of death <i>unknown</i>				
Married, Single or Widowed <i>unknown</i>			Name of Wife or Husband				
Father's Name <i>unknown</i>			Father's Birthplace <i>unknown</i>				
Mother's Maiden Name <i>unknown</i>			Mother's Birthplace <i>unknown</i>				
Name of person giving information <i>Jury of Inquest</i>			How related to deceased				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Drowned</i>	How long
Immediate <i>Drowned</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<i>A. L. Seal Grace</i>	Address <i>Mandela Mich</i>
Accident or Suicide?	

